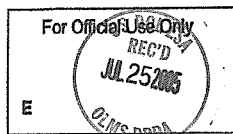


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004 Through: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004
3. Name and address of person filing. Name <input type="text"/> <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	4. Name, file number, and address of labor organization. Name <input type="text"/> Labor Organization File Number <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>
5. Position in labor organization. <input type="text"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <input type="text"/>	On <input type="text"/> Date	<input type="text"/> 729-0072 <input type="text"/> Telephone Number

Name of Person Filing Edwin Sherin	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

B-1

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Pumpkin House Productions, Inc.</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any 15th Floor</p> <p>Street c/o 1325 Avenue of the Americas</p> <p>City New York</p> <p>State New York ZIP Code + 4 10019</p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name NBC Enterprises - New York</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any 25th Floor</p> <p>Street 30 Rockefeller Plaza</p> <p>City New York</p> <p>State New York ZIP Code + 4 10112</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p>NBC made payments to Pumpkin House, pursuant to the DGA collective bargaining agreement, for services rendered by myself as a director of TV programs.</p> <p>\$370,000 is the aggregate for all dealings set forth in parts B-1, B-2, and B-3.</p> <p>11.b. Approximate dollar value of such dealing. \$370,000</p> <p>12.a. Nature of interest held or income received.</p> <p>I am 100 percent owner of Pumpkin House.</p> <p>*I received \$140,000 and my spouse also received \$140,000 (including income reported in B-2 and B-3).</p> <p>12.b. Amount. \$280,000</p>
---	---

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%; background-color: #cccccc;"></div> <p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #cccccc;"></div>

Name of Person Filing Edwin Sherin

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Pumpkin House Productions, Inc.
Trade Name, if any:
P.O. Box, Bldg., Room No., if any 15th Floor
Street c/o 1325 Avenue of the Americas
City New York
State New York ZIP Code + 4 10019

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name HBO
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 2049 Century Park East
City Los Angeles
State California ZIP Code + 4 90067

9. Business deals with:

B-2

☐ a. Labor Organization☐ b. Trust☒ c. Employer

11.a. Nature of such dealing.

Transactions involving the production of films.

11.b. Approximate dollar value of such dealing.

See B-1.

12.a. Nature of interest held or income received.

The employer made payments to Pumpkin House for services rendered by my spouse, Ms. Jane Alexander, as compensation for acting services she rendered in connection with an HBO program.

12.b. Amount.

See B-1.

B-2

Name of Person Filing Edwin Sherin	File Number U-
------------------------------------	----------------

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Pumpkin House Productions, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any 15th Floor Street c/o 1325 Avenue of the Americas City New York State New York ZIP Code + 4 10019	9. Business deals with: B-3 <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input checked="" type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Time Warner Audio Books Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1271 Avenue of the Americas City New York State New York ZIP Code + 4 10020	11.a. Nature of such dealing. A transaction involving production of an audio book. 11.b. Approximate dollar value of such dealing. See B-1. 12.a. Nature of interest held or income received. The employer made a payment to Pumpkin House for acting services my spouse, Ms. Jane Alexander, rendered in connection with the production of an audio book. 12.b. Amount. See B-1.

B-3